

CHRIST THE KING CHURCH
3674 LAKE SHORE BLVD. W.
ETOBICOKE, ONTARIO M8W 1N6 TEL: (416)251-8983

CONFIRMATION REGISTRATION FORM

PARENT'S MEETING - THURSDAY, OCTOBER 17TH, 2019 AT 6:30 PM;
CONFESSION AND REHEARSAL - WEDNESDAY, APRIL 22ND, 2020 AT 6:30 PM,
CELEBRATION OF CONFIRMATION—SATURDAY, APRIL 25TH, 2019 AT 5:00 PM.

PLEASE PRINT ALL INFORMATION CLEARLY.

CHILD'S NAME.....
LAST NAME GIVEN NAME(S)

DATE OF BIRTH: **PLACE OF BIRTH:**
DAY MONTH YEAR CITY PROVINCE

DATE OF BAPTISM: **PLACE OF BAPTISM:**
DAY MONTH YEAR NAME OF PARISH

.....
FULL ADDRESS OF PARISH WHERE CHILD WAS BAPTIZED

FATHER'S NAME:..... **RELIGION**.....
LAST NAME GIVEN NAME(S)

MOTHER'S NAME:..... **RELIGION**.....
MAIDEN NAME GIVEN NAME(S)

PARENTS' ADDRESS.....
NO. STREET NAME APT.
.....
CITY PROVINCE POSTAL CODE

PARENTS' PHONE NUMBER(S):

PARISH WHERE YOU NORMALLY WORSHIP ON SUNDAY:.....

SCHOOL ATTENDED BY CHILD:

IMPORTANT INFORMATION: PLEASE RETURN THIS COMPLETED FORM IN-PERSON TO THE PARISH OFFICE OR TO THE PARENT'S MEETING, ALONG WITH A PHOTOCOPY OF THE CHILD'S BAPTISMAL CERTIFICATE NO LATER THAN **OCTOBER 17TH, 2019**. PLEASE ENCLOSE **\$50.00** FOR REQUIRED MATERIALS.

THE CONFIRMATION CANDIDATE WILL BE REQUIRED TO CHOOSE A CONFIRMATION NAME AND SPONSOR. THE CANDIDATE SHOULD PUT THOUGHT INTO MAKING THESE DECISIONS. THE SPONSOR IS AN IMPORTANT WITNESS OF THEIR SACRAMENT OF CONFIRMATION, AND MUST BE A **BAPTIZED, CONFIRMED, AND PRACTICING CATHOLIC, AGED 16 OR OLDER.**

FOR PASTOR AND OFFICE USE ONLY

DATE OF INITIAL INQUIRY: **FEE PAID:**

NOTES: